

PLEASE READ ALL INSTRUCTIONS BEFORE PROCEEDING
*****Contact your Administrative Assistant before starting this process*****

Voucher for Reimbursement of Expenses

- Must be completed within two weeks upon return from an approved professional trip if there are any reimbursable expenses.
- A copy of or the original approved blue form must be attached for all District travel reimbursement requests.
- A copy of the hotel receipt must also be attached for reimbursement of meals.
- Meals are reimbursed for overnight stay only and are based solely on the number of nights (not days) stayed. Time of departure and return is not taken into consideration.
- Mileage is reimbursed at the higher current Mississippi Department of Finance and Administration rate if District transportation is NOT available. Employee choice reimbursement rate is at the lower mileage rate. Employee choice DOES NOT mean that multiple people traveling from the District to the same conference/meeting can drive personal vehicles and be reimbursed.
- Reimbursement requests must be submitted to Central Office with all necessary attachments, signatures, and codes by 3:30 p.m. on the Tuesday before the Board meets. (Board meets the 2nd Monday of each month)
- If reimbursements will be paid out of SPED or Federal Funds, please keep it mind that it must go through those offices as well for approval and coding.
- Reimbursement checks are printed once a month and put in each school's mailbox at Central Office on the Tuesday after the Board meets and will be delivered to the schools the following day.

If you are unclear about any of these instructions, please contact the Administrative Assistant in your building or Accounts Payable at ext. 1007 or wpap@westpoint.k12.ms.us.

WEST POINT CONSOLIDATED SCHOOL DISTRICT
VOUCHER FOR REIMBURSEMENT OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

REV 010522

VENDOR #: Obtain # from Admin. Assistant

SCHOOL: West Point HS-South

WPCSD 46.00

NAME: Jane Doe

FUND:

FUNCT:

OBJ: Admin. Assistant will add account codes

For mileage for privately owned automobile used by me for transportation and reimbursement for subsistence and other authorized expenses paid by me in the discharge of official duty from 8/3/22 to 8/5/22. The itemized statement follows.
(DATE) (DATE)

ALLOWABLE AMOUNT CLAIMED	
MEALS/PER DIEM	\$92.00
TRAVEL AUTO (VAN AVAILABLE)	\$0.00
TRAVEL AUTO (VAN UN AVAILABLE)	\$0.00
OTHER TRAVEL COST	\$296.00
ENTER PREPAID AMOUNTS, IF APPLICABLE	\$296.00
TOTAL REIMBURSEMENT(REFUND)	\$92.00

DATE	MEALS TOTAL AMT ALLOWED PER DAY	PURPOSE	POINTS OF TRAVEL	TOTAL MILES VAN AVAIL	TOTAL MILES VAN UN AVAIL	OTHER AUTHORIZED EXPENSES	
						ITEM	AMOUNT
8/3/22	46.00	School District Procedures Conf.	West Point, MS to Jackson, Ms			Registration	100.00
8/4/22	46.00					Lodging	196.00
TOTALS	92.00			0	0		296.00
				0.18	0.585		
				0.00	0.00		

Subject to any difference determined by verification, I certify that the above amount claimed by me for travel expenses for the period indicated is true and accurate in all respects, and that payment for any part has not been received.

Signature of Payee: _____ Date: _____

Verified by: _____ Title: _____

Approved for Payment: _____ Title: _____

PENALTY FOR FRAUDULENT CLAIM - fine of not more than \$250: civilly liable for full amount received illegally: removal from office or position held(Section 25-1-81- and 25-1-91. Miss Code Ann. (1972)